U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemen and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only Rec'd P Read THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
1 File Number U - 9900	2 Fiscal Year Covered From	
	/// OY Through /2/3//04	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name RANDT D ROARK	Name Bakeat, Confect wert Which Health ofension Fund	
	Labor Organization File Number 000515	
PO Box, Bldg , Room No , if any	P.O. Box, Building and Room Number, if any	
Street 7817 40 74 ST. N.W	Street 10401 Counscricus Ave	
City Gis HARBOR	City KENSINSTON	
State WA. ZIP Code + 4 98385	State Mary land ZIP Code + 4 20895.3960	
5 Position in labor organization INTERNATIONAL VIST P	PESIDENT AND B.C ERISA TRUST FUND TOUSTEE	
Enter appropriate data below if, during the past fisc all year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name		
Trade Name, if any		
P O Box Bldg , Room No , if any	7 b Amount	
Street		
City		
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed Roack	On 8-10-05 253-906-0085	
8	Date Telephone Number	

Name of Person Filing	File Number U-
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8 Name and address of Business (including trade name, if any) Name Bohaz Confections Lenion Health Imain Fund. Trade Name, if any P O Box, Bldg, Room No, if any Street 10401 Connecticul Auc. City Kensington State M. D. ZIP Code + 4 208 95 - 3560	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Buley Competterry Zerin Health, Pensin Fund. Trade Name, if any PO Box, Bldg, Room No, if any	Reimburkement while serving as Trustee of whe Health and Pension Fund.
Street 10401 Connecticut Avi.	11 b Approximate dollar value of such dealing 4628.00
State M.D. ZIP Code + 4 20855-3560	12 a Nature of interest held or income received
	12 b Amount
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name GESD Capital Patties. Trade Name, if any	
PO Box, Bldg, Room No, if any Suite 1450 Street 221 Main Street City San Francisco State C.A. ZIP Code + 4 9 4105	
13 b is the Business an Employer or Consultant . ?	14 b Amount of payment 145.00

Name of Person Filing		File Number U -
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or indirectly to, or otherwise	s
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	tion
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box Bldg , Room No if any	11 a Nature of such dealing	ng
Street	11 b Approximate dollar value	e of such dealing
City	12 a Nature of interest held	
State ZIP Code + 4		1
	12 b Amount	
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name Segal Company Trade Name, if any PO Box, Bldg, Room No, if any Street One Park Avenue City New York State N.Y. ZIP Code + 4 10016 - 5875	Runch at	Trust meetings
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment 6 - 23 - 04	24.00

Name of Person Filing	File Number U-
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
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C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13 a Name and address of Employer or Labor Relations Consultant	
(Including trade name, if any) Name Loomis Sayles Company Trade Name, if any P O Box, Bldg, Room No, if any Street 70 Lost 55 zh 5 zwet City New York State N.Y 'ZIP Code + 4 10033	Dinner at Trust meetig.
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment 94.00

Name of Person Filing	File Number U-
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10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
	12 b Amount
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name Volvageur Osset Monogement. Trade Name, if any PO Box, Bidg, Room No, if any Suite 800 Street 2300 M Street N.W City Washington DC. State Washington D.C. ZIP Code +4, 20037	Dinner at Tout meetig.
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment 17-30-04 186.00